### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Our Principles PAC	C C00603621
Check if 🔀 24-hour report 🗌 48-hour report 🔲 New report 🗌 Amends report fil	led on M M / D D / Y Y Y Y Y
Full Name of Payee GCW Media Services	Date of Public Distribution/Dissemination
GCVV Iviedia Services	03 / 11 / 2016
Mailing Address 1215 K Street	Amount
Suite 2260	Amount
City State Zip Code	300000.00
Sacramento CA 95814	Transaction ID : SE.5084  Date of Disbursement or Obligation
Purpose of Expenditure Media placement  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Of	fice Sought: House District:
Donald J. Trump Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought  Diagram 20	sbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
GCW Media Services	03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1215 K Street	03 11 2010
Suite 2260	Amount
City State Zip Code	600000.00
Sacramento CA 95814	Transaction ID : SE.5086  Date of Disbursement or Obligation
Purpose of Expenditure  Modic placement  Category/	M M / D D / Y Y Y Y Y
Media placement Type	
Name of Federal Candidate Support Of	ffice Sought: House District:
Donald J. Trump Oppose	President Senate State: FL
	isbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	900000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Jamie Jodoin [Electronically Filed] Date	03
Signature	

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		PAGE 2 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Our Principles PAC		C C00603621
		0 00000021
Check if 24-hour report 48-hour report N	lew report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
GCW Media Services		03 11 2016
Mailing Address 1215 K Street		Amount
Suite 2260		
City State	Zip Code	450000.00
Sacramento CA	95814	Transaction ID : SE.5093  Date of Disbursement or Obligation
Purpose of Expenditure Media placement	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Offi	ice Sought: House District:
Donald J. Trump		President Senate State: OH
Calendar Year-To-Date		bursement For:
Per Election for Office Sought	0.00 201	Other (specify)
Full Name of Payee		Date of Public Distribution/Dissemination
McCarthy Hennings Whalen, Inc.		03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1850 M Street, N.W., #235		
		Amount
City State	Zip Code	634.64
Washington DC	20036	Transaction ID : SE.5070  Date of Disbursement or Obligation
Purpose of Expenditure Media production	Category/	M = M / D = D / Y = Y = Y
Media production	Type	
Name of Federal Candidate	Support Offi	ice Sought: House District:
Donald J. Trump	X Oppose	President Senate State: OH
Calendar Year-To-Date		sbursement For: X Primary General
Per Election for Office Sought	0.00	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	450634.64
(b) SUBTOTAL of Unitemized Independent Expenditures	····	7 7
(c) TOTAL Independent Expenditures		
(c) TOTAL INDEPENDENT EXPONDITURES	<b>•</b>	7 7 7
Under penalty of perjury I certify that the independent expen with, or at the request or suggestion of, any candidate or aut		
party committee) any political party committee or its agent.		
Jamie Jodoin [E	Electronically Filed] Date	03 12 2016
Signature		

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Our Principles PAC				FEC IDENTIFICATION NUMBER ▼
				C C00603621
Check if 24-hour report 48-hour report	New rep	port Amends repo		M
Full Name of Payee McCarthy Hennings Whalen, Inc.			Date	of Public Distribution/Dissemination
			N.	03 11 2016
Mailing Address 1850 M Street, N.W., #235			Amou	nt
City	State	Zip Code	TL:	951.97
Washington	DC	20036		saction ID : SE.5071 of Disbursement or Obligation
Purpose of Expenditure Media production		Category/ Type		1 = M / D = D / Y = Y = Y
Name of Federal Candidate		Support	Office Sough	it: House District:
Donald J. Trump		X Oppose	X Preside	ent Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursemen 2016	at For:
Full Name of Payee McCarthy Hennings Whalen, Inc.  Mailing Address 1850 M Street, N.W., #235				of Public Distribution/Dissemination
City	State	Zip Code		5036.87
Washington	DC	20036	Transa	action ID : SE.5073 of Disbursement or Obligation
Purpose of Expenditure Media production		Category/ Type		M M / D D / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	nt: House District:
Donald J. Trump		Oppose	X Presid	ent Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursemer 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expendit	tures			5988.84
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •	
(c) TOTAL Independent Expenditures				7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	lidate or authorized			
Jamie Jodoin Signature	[Electron	nically Filed] Date	9 03	12 / 2016
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## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INI EXI ENE	JII OI LE		PAGE 4 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Our Principles PAC				C C00603621
Check if 24-hour report 48-hour report	New re	port Amends repo		T = M / D = D / Y = Y = Y = Y
Full Name of Payee McCarthy Hennings Whalen, Inc.				of Public Distribution/Dissemination
Mailing Address 1850 M Street, N.W., #235				03 / 11 / 2016
1650 W Street, N.W., #255			Amou	unt
City	State	Zip Code		4731.60
Washington	DC	20036		saction ID : SE.5075 of Disbursement or Obligation
Purpose of Expenditure Media production		Category/ Type		W = M / D = D / Y = Y = Y
Name of Federal Candidate		Support	Office Sough	nt: House District:
Donald J. Trump		X Oppose	X Presid	ent Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursemer 2016	nt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
McCarthy Hennings Whalen, Inc.				03 11 2016
Mailing Address 1850 M Street, N.W., #235			Amou	unt
City	State	Zip Code		5494.76
Washington	DC	20036		action ID : SE.5077 of Disbursement or Obligation
Purpose of Expenditure Media production		Category/ Type		M   M   / D   D   / Y   Y   Y   Y   Y
Name of Federal Candidate		Support	Office Sough	ht: House District:
Donald J. Trump		Oppose	X Presid	lent Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursemer 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expendit	ures			10226.36
			· 🗀	7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •	7 7 7
(c) TOTAL Independent Expenditures			· [	171171171
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	idate or authorize			
Jamie Jodoin	[Electro	nically Filed] Date	9 03	12 2016
Signature				

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	TI EXI END	TI OTILO		PAGE 5 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Our Principles PAC				C C00603621
			M	- M / D - D / Y - Y - Y
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	
Full Name of Payee Medium Buying, LLC				of Public Distribution/Dissemination
Mailing Address 3380 Tremont Road			Amou	03 11 2016 nt
City	State	Zip Code		275000.00
City Columbus	OH	43221		375000.00 saction ID : SE.5079 of Disbursement or Obligation
Purpose of Expenditure Media placement		Category/ Type		DED / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	nt: House District:
Donald J. Trump		Oppose	X Preside	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursemen 2016 O	ther (specify) ▶
Full Name of Payee Medium Buying, LLC  Mailing Address 3380 Tremont Road				of Public Distribution/Dissemination
- Jobb Homone Road			Amou	int
City	State	Zip Code		450000.00
Columbus	ОН	43221		of Disbursement or Obligation
Purpose of Expenditure Media placement		Category/ Type		/ D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sough	nt: House District:
Donald J. Trump		X Oppose	X Preside	ent Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	7 7	0.00	Disbursemer 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditu	roe.			225000.00
(a) SOBTOTAL OF REHIELDS INDOPERIOR EXPENSION	·es		• -	825000.00
(b) SUBTOTAL of Unitemized Independent Expendent	litures		·· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			>	2191849.84
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	date or authorized			
Jamie Jodoin	[Electron	nically Filed] Date	03	12 2016
Signature		_		